



UGANDANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease—a five-year, \$15 billion, multifaceted approach to combating the disease in more than 120 countries around the world.

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Peace Corps

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Country Profile: Uganda

HIV/AIDS in Uganda

HIV Infected: 530,000¹

AIDS Deaths: 78,000¹

AIDS Orphans: 940,000¹

Since 1992, HIV prevalence in Uganda has dropped by more than 50 percent, and significant changes in HIV-related behaviors have been documented. The overall prevalence of HIV/AIDS in the country is 7.0 percent, with prevalence estimates of roughly 10.7 percent and 6.4 percent for the urban and rural populations, respectively. Transmission occurs mainly through heterosexual sex (75 to 80 percent), while mother-to-child HIV transmission accounts for 15-25 percent of new infections.

U.S. Government Response

The U.S. Government response was strongly influenced by the Ugandan response to HIV/AIDS, which is viewed as a model for the rest of sub-Saharan Africa. Uganda's strategy includes strong public commitment, mass mobilization and education efforts, political openness, an extraordinary range of community- and faith-based partners, and the political vision that recognizes HIV/AIDS as a threat to development, as well as a health problem. The national coordinating body is the Uganda AIDS Commission, which oversaw the creation of the National Strategic Framework 2000/1-2005/6.

Uganda was a pioneer among African governments in responding to the HIV/AIDS epidemic. In 1986, the Ministry of Health created the STD/AIDS Control Program – the first AIDS control program in sub-Saharan Africa. There are now 13 active HIV/AIDS control programs in government ministries. In addition, almost 2,000 indigenous Ugandan nongovernmental and faith-based organizations contribute to the national response – a best practice characteristic of Uganda.

The U.S. Government (USG) response builds on several key principles. Those include:

- Supporting a strong family and community response;
- Improving service delivery systems and institutions;
- Implementing a broad portfolio of proven interventions and innovative new activities; and
- Supporting the establishment of the network model, which links services, communities and families.

The USG supports more than 70 active international and local partners implementing a range of prevention, treatment, care and system-strengthening interventions in all program areas supported by the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR).

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the Emergency Plan in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, nongovernmental organizations and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Uganda is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Uganda received nearly \$90.8 million in Fiscal Year (FY) 2004 and more than \$148.4 million in FY2005 to support a comprehensive HIV/AIDS prevention, care and treatment program. In FY2006, the United States plans to provide approximately \$169.9 million to support Uganda's fight against HIV/AIDS.



¹ UNAIDS, Report of the Global AIDS Epidemic, 2004.

Emergency Plan Achievements in Uganda to Date

Challenges to Emergency Plan Implementation

Certain traditional practices in Uganda hasten the spread of HIV infections, including widow inheritance, polygamy, wife sharing, blood brotherhood and infertility-related practices. Moreover, traditional marriage values prevent a woman from acting against a husband who places her at risk. This cultural aspect along with the value placed on large families and social pressure on women to frequently reproduce increases the number of HIV-infected women and children. Discrimination and stigma remain significant and the practice of self stigmatization is one of the greatest threats, as people resist seeking treatment and care for fear of being identified and maligned by co-workers and peers. There are gaps at all levels in capacity, infrastructure and resources. Poverty and the devastating effects of the conflict in the north exacerbate these gaps.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 ^{1,6}	3,639,200
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 ^{1,6}	3,606,400
# of USG condoms shipped in Calendar Year 2005	47,007,000
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan ^{3,4}	381,200
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan ^{3,5}	17,900
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 ^{3,4}	1,099,300
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 ³	258,900
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 ³	93,600
# of individuals receiving downstream site-specific support for treatment at the end of FY2005 ¹	49,600
# of individuals receiving upstream system strengthening support for treatment at the end of FY2005 ²	17,900

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

² Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

³ Total results combine individuals reached through downstream and upstream support.

⁴ It is possible that some individuals were counseled and tested more than once.

⁵ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

⁶ The number of people reached through community outreach programs in Uganda (both AB and A only) declined from FY2004 to FY2005. This is due to improved data quality procedures which reduced duplication in the results reported, and to the absence of results from the Ministry of Health, which were included in the FY2004 results, but have not yet been made available for FY2005.

Critical Interventions for HIV/AIDS Prevention

- Supported an increase in the number of outlets offering prevention of mother-to-child HIV transmission (PMTCT) services by 44 percent from 177 outlets in the first six months of FY2005 to 300 outlets by the end of FY2005. Additional service outlets have reached more pregnant women at community levels, including hard-to-reach areas, such as camps for internally displaced persons and conflict regions.
- In FY2004, 5,900 pregnant women received complete antiretroviral (ARV) prophylaxis for PMTCT through site-specific USG support. By the end of FY2005, this number had increased to 9,100.
- Supporting the Ugandan President's Initiative for AIDS Strategy Communication for Youth or PIASCY, an initiative that reaches students with HIV prevention messages focused on abstinence and faithfulness.
- In FY2005, 3,606,400 people were reached with condoms and related prevention services through community outreach activities.

Critical Interventions for HIV/AIDS Treatment

- Supported the provision of antiretroviral treatment (ART) for a total of 67,500 adults and children, representing a 49 percent increase over FY2004 achievements.
- Supported 200 laboratories in FY2005 that now have the capacity to perform HIV tests, CD4 tests and/or lymphocyte tests.

Critical Interventions for HIV/AIDS Care

- Supported many organizations in Uganda involved in delivery of HIV/AIDS care services, including clinical and facility-based care, home-based care, and community outreach programs. Networks have been established among organizations providing care services and the communities they serve as a mechanism to expand access to a comprehensive package of care for people living with HIV/AIDS. Through these interventions, access to palliative care significantly increased.
- Trained or retrained 6,200 health workers to provide counseling and testing.
- Supported counseling and testing services for 1,099,300 clients at 700 service outlets in FY2005.
- Supported programs targeting orphan and vulnerable children in FY2005 that reached 93,600 individuals.